

1. Employee No. 29600

2. Name (Last, First, MI)

Gen)se, Thomas A.

3. Div/Dept. No. 839 / 350

4. Report No.

5. Dates of Expense: / From 7-10-95 To 7-14-95

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total
6. Date		7-10		7-12	7-13	7-14		
7. City		Highland		Galesburg	Marshall	Marshall		
State/Country		MI 48042		MI 52504	MI 49919	MI		
8. Meals		12.00		23.74	2.91	15.58		54.23
9. Incidentals		12.00						12.00
10. Hotel/Motel						44.09		44.09

[illegible]

Account Distribution:

[illegible]

Advances:
(Cash, Check, Hotel deposits)

Company paid transportation

Carry over from previous report (if applicable)

Amount due employee
Amount due company

Charge → 625/-01

Purpose of Trip: Mon) Trip to Highland to test/check out AutoSplit for Friday News and to get fuel.
Wed) Trip to Oakesburg to attend J1939 meeting and meet w/ S. E. Gledhill
Thurs - Fri) Demo of AutoSplit to TCOVA management

* Explain Expenditures Above By Day:

Sunday:

Monday:

Tuesday:

Wednesday: 22) GGE Ar Co. Van

Thursday: 17) movie fee

Exhibit 19

Friday: 19) meals for R. Markyvel

张 强

Date _____

Saturday:

~~SECRET~~

This is a true statement of all expenses incurred by me on behalf of the company for the period indicated.

Employee Signature Thomas G. Galt Date 7-17-95

Authorized For Reimbursement

Date Approved

Date _____

1. Employee No. 57250

2. Name (Last, First, MI)
MARKYVELH, RONALD, K.

3. Div/Dept. No. 039 / 380

4. Report No.

5. Dates of Expense: From 7-13-95 To 7-14-95

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total
6. Date					7-13-95	7-14-95		
7. City					BATTLE CRY, MS	CHLSEA, MS		
State/Country								
8. Meals					16.00	20.34		36.34
9. Incidentals								
10. Hotel/Motel					41.91			41.91
12. Accounting Use Only								
County Code								
Per Diem Rate								
Variance								
13. Telephone					3.54			3.54
14. Taxi, Auto Rental, Local Transp.								
Rate _____ per mile (miles)	()	()	()	()	()	()	()	()
Auto Expense Personal <input type="checkbox"/> Leased <input type="checkbox"/>								
16. Employee Purchased Transp.								
17. *Entertainment								
18. Parking								
19. *Guest Meals								
20. Company Paid Transportation								
21. Leased Car Maint. (Detail Over)								
22. *Other								
23. Total Expense					61.45	20.34		81.79

Account Distribution:

Div.	Gr	Cl	Sub	Dept	Prod	Source	Amount
	74	09	900			6182-01	45.41
			905				
	4	1	907			7	36.34
			920				
Total							81.79

Advances:

(Cash, Check, Hotel deposits)

Company paid transportation

Carry over from previous report (if applicable)

Amount due employee

Amount due company

Purpose of Trip: PROJECT 6182-01, Took AutoSplit Concept Truck to TCONA'S

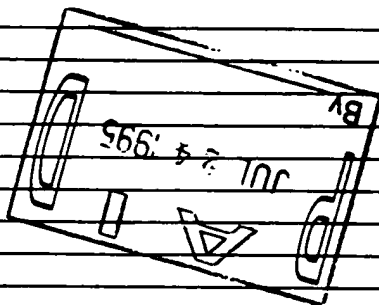
TRUCK Demo AND "Automation STRATEGIC PLANNING MEETING".

*Explain Expenditures Above By Day:

Sunday: _____

Monday: _____

Tuesday: _____



Wednesday: _____

Thursday: LINE #8 PURCHASED DINNER FOR TOM GANES AND MYSELF.

Friday: LINE #8 PURCHASED DINNER FOR TOM GANES AND MYSELF.

Saturday: _____

This is a true statement of all expenses incurred by me on behalf of the company for the period indicated.

Ronald K. Markyvelh

Employee Signature

7-15-95

Date

Authorized For Reimbursement

John

Approved

7/24/95

Date